4/26/12 Provider Network Advisory Group Meeting Minutes

All handouts referenced in these minutes are in the 4/26/2012 meeting handouts or slides located at www.ProviderNetwork.Lni.wa.gov.

Participants: See Appendix.

Safety Message:
If injured, ice or heat often help reduce swelling and promote healing. Be sure not to fall asleep while using either heat or ice packs. Excessive exposure can cause blisters requiring additional treatment.

Meeting Minutes:
With one minor correction to the safety message, the 01/26/12 meeting's minutes were approved unanimously.

New Business: There were no action items at this meeting.

Top Tier Provider Criteria
See the slides with this title from Diana Drylie and Noha Gindy.

Top Tier Provider Criteria Feedback
Step 1:

- Areas where occupational health is marketed might limit provider access to injured worker for smaller clinics and exclude them from the top tier
- Include Self Insured claims in >12 criteria
- Favors walk-in clinics & clinics that transfer claims out early.

Step 2: No Comments

Step 3: Reword the title

Step 4:

- Must already do best practices- will announce L&I's needs in advance.
- Will doctors use the-32 modifier? How will they know to use it? Favors COHE?
- How many doctors will make it thru this step?
- Employer phone call most difficult component
- Change benchmark % of phone call - use 10%?
- Look at details of phone call in infrastructure team
- Want communication, not specifically phone call
- Can care coordinator make call? Under consideration
- Sometimes doctor is already familiar with employer – don't need to make call
- APF happen at 1st or 2nd visit
- How quickly did COHE doctors start making phone calls? How long will it take for top tier to achieve?

Step 5: For physician assistant – Does supervising doctor need to be in top tier for physician assistant to be eligible?

Step 6:

- Big hurdle for low volume providers. Not much easier for middle and low volume providers?
- This is an initial first set of criteria. Top tier may evolve over time

Step 7:

- Family practices certification requires care coordinator samples
- The Fellow status in ACOEM has point totals (complexity), can L&I use this concept?

Outcomes:

- Exclude doctors who refuse to communicate/respond in a timely way
- Behavioral issues should be a floor measurement
- Indicate what triggers immediate review – sentinel events
- COHE measures are significantly linked to outcomes
- Medicare risk adjustment factors
- Send out a list of outcome criteria previously suggested by PNAG members, and allow them to think it over further

New Best Practices

Refer to slides "B", "B1", and "B2" by Carole Horrell.

Comments from the Advisory Group:

- Provide incentives for the extra clinical work getting FRQ's completed by workers
- Add a question "Are you concerned about this patient?" If the answer is "yes", send someone to evaluate and work with the worker.
- Doctors should tell workers "family wage jobs are not available, so it's best to return to their own job if possible." This often motivates return to work.
- Providers should incorporate Progressive Goal Attainment Program (PGAP™) into their practices. Give them the tools, so they do not need OTs or PTs in their offices to get the same outcomes.
- OTs, PTs, and Vocational Rehabilitation Counselors all have the training and backgrounds eligible for PGAP training and performance.
- Don't pay for screening
- Majority of positive FRQ come with asterisk, e.g., employer specific policies
- Hard to incorporate into busy injured worker visit
- FRI is what should be done / common sense
- Large hurdle to do at non-occupational clinics
- Add a box for the provider: Send to HSC/care coordinator
- Add the ability for the provider to use it to communicate with the claim manager
- Message to the provider to share with the patient: there is no guarantee that L&I is going to keep the injured worker in a job with a wage that is similar to the one they currently have. The provider's goal is to keep the injured worker with their employer so that they can retain the higher wage.

Continuity of Care

Refer to slides by Mary Kaempfe.

Comments from the Advisory Group:

- Forms to review re: Continuity of Care
  - SIF2 (for self insured employers)
  - EDs—addressed in next phase
  - Translate more forms for workers to complete into Spanish and other languages.
  - Report of Accident (ROA)

        - "This exam date" for occupational disease—What if the doctor wasn't the first to see the patient?
        - Questions 3 and 4: Phase it differently, so that if the dates are the same the doctors don't have to enter the date multiple times.
- Communication:
    - Give medical network members a certificate to display in their offices. It's physical and can also be added to their websites for patients and employers to see.
    - How will L&I make sure workers in Washington receive their care from network providers?
    - Communication to provider:
        - Give advice, but the decisions and responsibility belong with the claim manager
        - Talking points and information (including websites) to cover with the injured worker
        - Give permission to say "we will no longer provide care." Give instructions on how to transfer worker to a provider network provider and how to handle it if that provider is not accepting new referrals.
        - How to handle situation of a worker who prefers the original doctor to the one they were transferred to.
- Referral questions and issues to consider:
    - Add "must be willing to accept a claim or patient."
    - Abandonment rule (30 days)
    - Patient notification of change of healthcare provider.
    - Patients' resistance to change of healthcare provider.
    - Assure provider will be paid, or they won't see the workers.
- When a provider receives an older claim, what resources are available to help? Depends on type of practice, claim manager, and transition timing.
    - Need access to seasoned claim manager who summarizes the claim and provides a status update
    - Need quicker access to the Claim and Account Center as the new attending provider
    - If disability is in question (designate as a "hot claim" on the ROA), so the worker will be assigned to a claim manager quickly.

Provider Enrollment Update

Refer to slides from Gary Walker.

L&I has received approximately 1500 Medical Provider Network applications and thousands more providers will be enrolled through delegation agreements.

Future Advisory Group Meeting Plans for 2013

No handouts or slides were used for this discussion lead by Leah Hole-Curry, JD.

Congratulations were extended to the Advisory Group for being on track with the work plan published online in September 2011.

More work is needed, so quarterly meetings will be scheduled throughout 2013 from 8 am to noon. IIMAC meetings will follow on the same dates from 1 to 5 pm.

At the July 26 meeting, we'll review upcoming work and prioritize it. On October 25, the Advisory Group will review the 2013 agenda and timelines.

Appendix:

Participants:

- On the phone: Christopher Goodwin, MD, Spokane.
- In person were:

Members	**L&I**	**Public**
Dianna Chamblin, MD, Chair	Janet Peterson	Ryan Guppy, UBC, Inc.
Clay Bartness, DC	Barbara Davis	Denny Maher, WSMA
Mike Dowling, DC, alternate	Diana Drylie	Brad Pierce, Strategic Consulting
Rebecca Forrestor	Noha Gindy	Susan Scanlan, DPM
Andrew Friedman, MD	Leah Hole-Curry, JD	Robert Silber, WSAJ
Kirk Harmon, MD, alternate	Carole Horrell	Justine Tvedt, Franciscan Health
Teri Rideout, JD	Mary Kaempfe	Clyde Wilson, U.S. Healthworks
Robert Waring, MD	Vickie Kennedy	
Ron Wilcox, DC	Geoff Kohles	
Katrina Zitnik	Joanne McDaniel	
	Dave Overby	
	Diane Reus	
	Hal Stockbridge, MD, MPH	
	Gary Walker	